1415754

#### FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL							
OMB Number: 3235-0076							
Expires:	Apri	il 30,2008					
Expires: April 30,2008 Estimated average burden							
hours per r	espor	nse 16.00					

	_						
SEC USE ONLY							
Prefix		Serial					
D	ATE RECEIVE	ED					

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Common Stock	MAIL Q
Filing Under (Check box(es) that apply): Rule 504  Rule 505  Rule 506  Section 4(6	6) UMECEIVED
Type of Filing:  New Filing  Amendment	- VED (6)
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
A. BASIC IDENTIFICATION DATA	16 2007
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	186 (1011
Credit Karma, Inc.	1,00 EEGIBE
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
577 Howard Street, 4th Floor, San Francisco CA 94107	(415) 675-1493
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Address of Principal Business Operations (if different from Executive Offices)  (Number of Case Case Case Code)	
Brief Description of Business OCT 2 2 2007	
Brief Description of Business Internet Services  OCT 2 3 2007	JATOKA OSILI ATDIO DELITI BENJA OBILI ATDIO DELITI BENJA OBILI DIKI BI IBIJ ADDI
THOMSON	
Type of Business Organization FINANCIAL attention actions the second sec	
	(please specify) 07080469
business trust [ ] limited partnership, to be formed	
Month Year	
Actual or Estimated Date of Incorporation or Organization: 03 07 Actual Est	imated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Stat	te:
CN for Canada; FN for other foreign jurisdiction)	DE
CENERAL INSTRUCTIONS	

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers Executive Officer General and/or Check Box(es) that Apply: ■ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Lin, Kenneth Business or Residence Address (Number and Street, City, State, Zip Code) 577 Howard Street, 4th Floor, San Francisco, CA 94107 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Lefanowicz, Mark E. Business or Residence Address (Number and Street, City, State, Zip Code) 3372 Hermosa Way, Lafayette, CA 94549 Promoter General and/or Check Box(es) that Apply: Director Managing Partner Full Name (Last name first, if individual) MDJS, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 3372 Hermosa Way, Lafayette, CA 94549 Promoter Executive Officer Director General and/or Check Box(es) that Apply: ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

			•		B. Ii	NFORMATI	ON ABOU	T OFFERI	NG				
	Ues the	iacuar cal	l, or does th	ha icenar iz	stand to se	II to non-a	caredited i	nvestors in	this offeri	ing?		Yes <b>F</b> i	No <b>⊠</b>
l.	nas uie	issuer soil	i, or does tr			Appendix,					***************************************	L	
2.	What is	the minim	um investr									s_5,0	00.00
											Yes	No	
3.													X
4.	commis If a pers or states a broke	sion or sim on to be lis s, list the na r or dealer,	tion request ilar remune iled is an ass ame of the b , you may s	ration for s sociated pe broker or de et forth the	olicitation rson or age aler. If me	of purchase int of a brok ire than five	ers in conne er or deale e (5) persor	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in t EC and/or	he offering. with a state	<b>:</b>	
Ful	l Name (	Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (N	lumber and	l Street, C	ity, State, Z	ip Code)						
Nar	ne of Ass	sociated B	roker or De	aler							-		
Sta			Listed Has							-			
	(Check	"All State:	s" or check	individual	States)		***************************************			.,,	••••••		l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	Full Name (Last name first, if individual)												
Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Nar	me of Ass	sociated B	roker or De	aler	· <b></b> ·····				· · · · · · · · · · · · · · · · · · ·	<u> </u>		·	
Sta	tes in Wh	ich Persor	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						<del></del>
	(Check	"All State:	s" or check	individual	States)	•••••	·····					☐ AI	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (	Last name	first, if ind	ividual)		·							
Bus	siness or	Residence	: Address (1	Number an	d Street, C	City, State,	Zip Code)						
Nar	me of Ass	sociated B	roker or De	aler									
Sta	tes in Wh	ich Persor	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State:	s" or check	individual	States)	••••	***************************************					□ AI	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	3	\$
	Equity		
	✓ Common Preferred		<del></del>
	Convertible Securities (including warrants)	·	<b>s</b>
	Partnership Interests		
	Other (Specify)		
	Total	2,272,800.00	\$ 2,272,800.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	8	\$_2,272,800.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	T	Type of	Dollar Amount Sold
	Type of Offering	Security	
	Rule 505		\$
	Regulation A		s
	Rule 504		s 0.00
	Total	<del></del>	\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	<b>Z</b>	\$ 4,000.00
	Accounting Fees		\$
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	_	\$
	Total	<u></u>	\$ 4,000.00

b. Enter the difference between the aggregate offering price given in response to Part C — Question 1	
and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	\$
5. Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.	
Payments Officer Directors Affiliate	rs, s, & Payments to
Salaries and fees	🗆 \$
Purchase of real estate	
Purchase, rental or leasing and installation of machinery and equipment	[] \$
Construction or leasing of plant buildings and facilities	[ \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	\$
Repayment of indebtedness	_
Working capital \( \square 1,616,	000.( 5 652,800.00
Other (specify):	\$
	[]\$
Column Totals	000.00 \$ 652,800.00
Total Payments Listed (column totals added)	\$_2,268,800.00
D. FEDERAL SIGNATURE	
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed und signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	ler Rule 505, the following written request of its staff,
Issuer (Print or Type) Signature Date	
Credit Karma, Inc.	14107
Name of Signer (Print or Type)  Title of Signer (Print or Type)	<u> </u>
Eric D. Tran General Counsel, Secretary	

# - ATTENTION -

E. STATE SIGNATURE							
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification	Yes	No				
	provisions of such rule?		X				

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Credit Karma, Inc.		10/4/07
Name (Print or Type)	Title (Print or Type)	
Eric D. Tran	General Counsel, Secretary	

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

### APPENDIX 2 3 1 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach offering price Type of investor and explanation of to non-accredited amount purchased in State waiver granted) investors in State offered in state (Part E-Item 1) (Part C-Item 1) (Part C-Item 2) (Part B-Item 1) Number of Number of Non-Accredited Accredited Yes Investors Amount **Investors** Amount Yes No State No ΑL ΑK ΑZ AR X Common Stock -\$2,272,800. CAX \$2 272 800 00 CO CT DE DC FLGA HI ID ΙL IN ΙA KS KY LA ME MD MA ΜI MN MS

# APPENDIX 2 3 Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate offering price Type of investor and amount purchased in State explanation of to non-accredited waiver granted) investors in State offered in state (Part E-Item 1) (Part C-Item 2) (Part C-Item 1) (Part B-Item 1) Number of Number of Non-Accredited Accredited Investors Amount **Investors** Amount Yes No Yes No State MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TXUT VT VAWA wv WI

				APP	ENDIX					
1		2	3		4					
:	to non-a investor	I to sell accredited is in State I-Item I)	Type of security and aggregate offering price offered in state (Part C-Item 1)	under Sta (if yes, Type of investor and explana amount purchased in State waiver (Part C-Item 2) (Part E-		amount purchased in State				
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited				No	
WY		and the second s								
PR				E						

